

New Jersey State Department of Health & Senior Services  
Environmental Health Services  
P. O. Box 372, Trenton, NJ 08625-0372  
(609) 984-2193

**THIS BOX FOR NJDHSS USE ONLY**

Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Rec'd: \$\_\_\_\_\_ [ ] Ck, Number:\_\_\_\_\_ [ ] MO, Number:\_\_\_\_\_ Initials:\_\_\_\_\_

**ASBESTOS TRAINING AGENCY CERTIFICATION APPLICATION**

*Please type or print legibly in ink. **Only one course per application.** Initial course and corresponding refresher course may be submitted on a single application. Please refer to attached checklist for all additional information which must be submitted with this application. If you have any questions call the NJDHSS at the above number.*

**I. APPLICATION FEE AND COURSE TYPE**

**Course Fee:**

A non-refundable application fee for annual certification in the amount of **\$500.00** per discipline (note: initial and refresher courses are separate disciplines) must be forwarded with this application. The fee must be paid by certified check or money order and be made payable to the "New Jersey Department of Health & Senior Services".

**Course Type (check no more than one initial and corresponding refresher):**

[ ] Worker-Initial [ ] Supervisor-Initial  
[ ] Worker-Refresher [ ] Supervisor-Refresher

**II. GENERAL APPLICANT INFORMATION**

Name of Company: \_\_\_\_\_  
Type of Company: [ ] Corporation [ ] Individual [ ] Partnership [ ] Other (specify): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is the street address of agency different than above address?** [ ] No [ ] Yes **If yes, the following must be completed:**

Mailing Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax Number: ( ) Business Telephone: ( ) Federal Employer I.D. Number: \_\_\_\_\_

Corporation Number (if applicable): \_\_\_\_\_ Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ State incorporated in: \_\_\_\_\_

**III. MAIN CONTACT PERSON**

Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position and/or Title with Company: \_\_\_\_\_

**IV. APPLICANT (AS IDENTIFIED IN SECTION II. ABOVE) INFORMATION**

How long has the company/agency been in existence? \_\_\_\_\_ Years \_\_\_\_\_ Months

Has applicant's name changed within the past 2 years? [ ] No [ ] Yes

If yes, former name: \_\_\_\_\_

Is applicant approved by any federal, state or municipal office to conduct asbestos training? [ ] No [ ] Yes

*If yes, please attach a list of all approved courses, original date of approval and the approving authority.*

(OVER)

**APPLICATION FOR CERTIFICATION AS AN ASBESTOS TRAINING AGENCY,  
(continued)**

Is applicant an affiliate or a subsidiary of any other organization(s)?

☐ No

☐ Yes

*If yes, list name(s) and address(es) of related organization(s) and relationship:*

| Name  | Address | Relationship |
|-------|---------|--------------|
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| <hr/> | <hr/>   | <hr/>        |
| <hr/> | <hr/>   | <hr/>        |

**(attach any additional names on a separate piece of paper)**

List all owners, partners, shareholders (10% or more), officers and directors of the company below:

| Name (Last, First, MI) and Address<br>% Ownership | Office or Title Held |       |
|---|----------------------|-------|
| <hr/>   | <hr/>                | <hr/> |
| <hr/>   | <hr/>                | <hr/> |
| <hr/>   | <hr/>                | <hr/> |
| <hr/>   | <hr/>                | <hr/> |

(attach any additional names on a separate piece of paper)

**V. APPLICANT'S HISTORY OF LEGAL ACTIONS**

*If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances and attach statement to application.*

Has/is the applicant (identified in Section II.) or any persons identified on this application:

a. been subject to, or has pending, any disciplinary action(s), suspensions, or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOL, NJDEPE, NJDCA and NJDHSS? ☐ No ☐ Yes

b. now or has been subject to any order resulting from any criminal, civil or administrative proceedings brought against such company, persons or parties by any administrative, governmental or regulatory agency? ☐ No ☐ Yes

c. been denied any license/certification/approval or had it suspended or revoked by any administrative, governmental or regulatory agency? ☐ No ☐ Yes

d. been disbarred, suspended or disqualified or failed inspection for training by any federal, state or municipal agency? ☐ No ☐ Yes

e. been a defendant in any civil or criminal litigation? ☐ No ☐ Yes

**VI. APPLICANT STATEMENT AND SIGNATURE**

The information contained in this "Asbestos Training Agency Certification Application" is accurate, true and complete to the best of my knowledge. I understand that if such information contained in this application is false, I am subject to the penalty provisions under N.J.A.C. 8:60. I understand that this application is subject to verification and that I agree to provide any additional documentation as required. For the same purpose I also understand that outside sources may be contacted and that I do hereby give permission for disclosure of any information which may be needed to determine certification application validity and/or eligibility. I also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application for approval. I also understand that completion of this application does not guarantee certification as an asbestos training agency in New Jersey. I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_